

Division of Corporations

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Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC
 Account Number : I20120000007
 Phone : (702) 866-2500
 Fax Number : (702) 866-2689

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Documents@incorp.com

LLC REGISTERED AGENT RESIGNATION
COASTSIDE STAFFING GROUP FOR FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2019 NOV - 7 PM 1:40

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T. LEMMON

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTSIDE STAFFING GROUP FOR FLORIDA, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M16000001039

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Olivia Gonzales

Name of Person

InCorp Services, Inc.

Name of Firm/Company

3773 Howard Hughes Parkway, Ste. 500S

Address

Las Vegas, NV 89169

City/State and Zip Code

processing@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Incorp Services, Inc./Olivia Gonzales at (702) 866-2500 ext 6918

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Incorp Services, Inc.

Name of Registered Agent

, hereby resigns as

Registered Agent for COASTSIDE STAFFING GROUP FOR FLORIDA, LLC

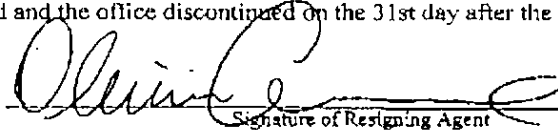
Name of Limited Liability Company

M16000001039

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Olivia Gonzales for Incorp Services, Inc.

Typed or Printed Name

Authorized Representative

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FL 32314